
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

IN THE MATTER OF THE ESTATE OF

☐ an Incapacitated Person.

☐ a Minor.

Case No. _____

CONSERVATOR'S INVENTORY
(I.C. 15-5-418)

Fee Category: G7
Fee: \$41.00

Instructions.

The purpose of this report is to give the Court as complete a picture as possible of the protected person's current financial situation.

1. Your reports are due as follows:
 - a. The first report is due one hundred twenty (120) days after your appointment, covering the first ninety (90) days as conservator.
 - b. The second report is due in twelve (12) months after your appointment, covering the next nine (9) months.
 - c. Subsequent reports are due annually on your appointment date unless the Court orders a different schedule.
2. Please type or print clearly using black ink.
3. After completing this report, you must sign it, under oath (or affirmation) in the presence of a notary public or court clerk.
4. Keep a copy for your records.
5. Complete all sections of this report.

Reporting Period – Explanation.

Is this a beginning inventory? ☐ Yes ☐ No

If yes, your beginning inventory date will be the date you were appointed conservator for the protected person and the information will reflect the value of the protected person's estate at the time of your appointment.

Is this an annual report? ☐ Yes ☐ No

This report covers the status of the protected person's estate for the period beginning _____ and ending _____.

The beginning date will be the same as the ending date reported on the prior report.

Section I – Information About The Conservator And Protected Person.

Protected Person's Name _____

Protected Person's Address _____

Conservator's Name _____ Daytime Phone _____

Mailing Address _____
(Address) (City) (State) (Zip)

☐ Check here if this mailing address is new. If you change your address, please notify the Court.

Email Address _____

1. Housing:

a. Has the protected person moved in the past year? ☐ Yes ☐ No

If yes, explain _____

2. Has a separate guardian been appointed for the protected person?

☐ Yes ☐ No

Name of Guardian _____

Address and Phone Number _____

3. Significant Actions or Substantial Change of Circumstances. (Describe any significant actions you have taken as conservator regarding the protected person's property and funds during the past twelve (12) months, or any substantial changes of circumstances. List all assets that have been sold or otherwise disposed of and the details of the sale.)

4. Money Controlled by Protected Person. Does the protected person have sole control over any money?

☐ Yes

☐ No

If yes, please explain: _____

Section II – Income.

Protected Person's Income for the Reporting Period. (List only income of protected person during this twelve (12) month reporting period, not your income.)

Description of Each Income Source	Amount Received for this Reporting Period	
	Community Property	Separate Property
1. Social Security		
a. Social Security Retirement Retirement Benefits	\$ _____	\$ _____
b. Social Security Disability Benefits	\$ _____	\$ _____
c. Supplemental Security Income Benefits (SSI)	\$ _____	\$ _____
2. Adult Public Assistance	\$ _____	\$ _____
3. Veterans Financial Benefits	\$ _____	\$ _____
4. Trust Income	\$ _____	\$ _____
5. Wages	\$ _____	\$ _____
6. Workman's Compensation Benefits	\$ _____	\$ _____

7. Dividends	\$ _____	\$ _____
8. Interest Income	\$ _____	\$ _____
9. Tax Refund	\$ _____	\$ _____
10. Realized Gain on Other Asset	\$ _____	\$ _____
11. Rental Income	\$ _____	\$ _____
12. Pension	\$ _____	\$ _____
13. Annuity Income	\$ _____	\$ _____
14. Other (describe) _____	\$ _____	\$ _____
15. Total	\$ _____	\$ _____

Section III – Expenses.

Protected Person's Expenses for the Reporting Period. (Money paid to anyone on behalf of protected person or his/her legal dependents. Do not include your personal expenses. Attach extra pages if necessary. Do not commingle your funds with those of the protected person. If there are shared expenses (because you or someone else is living with the protected person), report only the part of the shared expenses for the protected person.)

Expense	Amount of Expense for this Reporting Period
1. Nursing/Assisted Living Home	\$ _____
2. Rent Payment	\$ _____
3. Mortgage Interest Paid	\$ _____
4. Utilities	\$ _____
5. Cable/Satellite Television Service	\$ _____
6. Transportation	\$ _____
7. Medical Treatment Costs	\$ _____
8. Medications	\$ _____
9. Credit Card Interest Paid	\$ _____
10. Food	\$ _____
11. Clothing	\$ _____
12. Recreation or Entertainment	\$ _____
13. Personal Spending Allowance for protected person	\$ _____
14. Income Tax	\$ _____
15. Property Tax	\$ _____
16. Home/Property Maintenance Costs	\$ _____
17. Home Insurance	\$ _____

18. Auto Insurance	\$ _____
19. Medical Insurance	\$ _____
20. Life Insurance	\$ _____
21. Other Insurance	\$ _____
22. Court Approved Gifts	\$ _____
23. Non-Court Approved Gifts	\$ _____
24. Child/Spousal Support	\$ _____
25. Legal Fees	\$ _____
26. Fees/Costs Paid to Conservator	\$ _____
27. Fees/Costs Paid to Guardian	\$ _____
28. Accounting Fees	\$ _____
29. Court Costs	\$ _____
30. Case Management	\$ _____
31. Other (List all other payments made.)	\$ _____
32. Total	\$ _____

Section IV – Assets.

Protected Person's Assets at End of this Reporting Period.

1. Cash on hand (not in a financial institution and not in the protected person's possession.).

☐ Yes ☐ No Amount \$ _____

If answer is yes, why is cash kept on hand? _____

2. List all bank accounts, certificates of deposit, etc..

Name of Bank/Institution	Initial Inventory Value or Value at Last Reporting Period, Whichever is Later	Balance at the End of this Reporting Period
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

3. List all brokerage accounts including money market accounts, stocks, bonds, annuities, mutual funds, and other securities including IRAs and 401(K) plans.

Name of Company	Initial Inventory Value or Value at Last Reporting Period, Whichever is Later	Current Market Value
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

4. Life Insurance Policies. (List the policies the protected person owns.)

Name of Company	Initial Inventory Value or Value at Last Reporting Period, Whichever is Later	Cash Value of Life Insurance at End of this Reporting Period
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

5. Real Estate that Protected Person Owns. (List land and buildings and attach copy of the most recent tax assessment.)

Address	Initial Inventory Value
_____	\$ _____
_____	\$ _____
Total	\$ _____

6. Vehicles. (List any cars, boats, snow machines, off-road vehicles, airplanes, etc.)

Make, Model & Year	Value at End of this Reporting Period
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

7. Other Personal Property. (List items exceeding \$1,000.00 in value. Give details sufficient to allow a third party to identify them. Attach additional pages if necessary.)

Description of Item	Value at End of this Reporting Period
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

8. Total Assets at End of this Reporting Period. (The sum of all "Totals" reported in Section IV.)

\$ _____

Section V – Liabilities.

Protected Person's Liabilities at the End of this Reporting Period. (List all debts the protected person owes, including mortgages, loans, credit card debt, etc. Attach extra pages if necessary.)

1. Real Estate Debts.

Address of Property	Lender Amount Owed at Date of Appointment	Amount Owed at End of Last Reporting Period	Amount Owed at End of this Reporting Period
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

_____	\$ _____	\$ _____	\$ _____

Total	\$ _____	\$ _____	\$ _____

2. Other Loans.

Lender Name & Address Property Purpose	Lender Amount Owed at Date of Appointment	Amount Owed at End of Last Reporting Period	Amount Owed at End of this Reporting Period
_____	\$ _____	\$ _____	\$ _____

_____	\$ _____	\$ _____	\$ _____

_____	\$ _____	\$ _____	\$ _____

Total	\$ _____	\$ _____	\$ _____

3. Credit Cards.

Company (Name & Address)	Lender Amount Owed at Date of Appointment	Amount Owed at End of Last Reporting Period	Amount Owed at End of this Reporting Period
_____	\$ _____	\$ _____	\$ _____

_____	\$ _____	\$ _____	\$ _____

_____	\$ _____	\$ _____	\$ _____

Total	\$ _____	\$ _____	\$ _____

4. Judgment/Liens.

Judgment/Liens and Description	Lender Amount Owed at Date of Appointment	Amount Owed at End of Last Reporting Period	Amount Owed at End of this Reporting Period
_____	\$ _____	\$ _____	\$ _____

_____	\$ _____	\$ _____	\$ _____

_____	\$ _____	\$ _____	\$ _____

Total	\$ _____	\$ _____	\$ _____

5. Other Liabilities.

Description	Lender Amount Owed at Date of Appointment	Amount Owed at End of Last Reporting Period	Amount Owed at End of this Reporting Period
_____	\$ _____	\$ _____	\$ _____

_____	\$ _____	\$ _____	\$ _____

_____	\$ _____	\$ _____	\$ _____

Total	\$ _____	\$ _____	\$ _____

6. Total Liabilities Owed at the End of this Reporting Period
(The sum of all "Totals" in Section V.) \$ _____

Section VI – Net Asset Summary.

The Idaho Uniform Probate Code states that your Annual Report must balance the beginning and ending net assets with the income and expense received over the reporting period. Below are balancing calculations to make sure you are reporting information as specified in Idaho Code Section 15-5-419(b)(5).

Net Asset Value	Amount at Last Report	Amount at This Report
A. Previous Report Ending Balance (or Beginning Inventory if this is a first Accounting)	\$ _____	\$ _____
B. Income (Section II, Line 15)	\$ _____	\$ _____
C. Less Expenses (Section III, Line 32)	\$ _____	\$ _____
D. Ending Balance (A + B – C = D)	\$ _____	\$ _____
E. Assets (Section IV, Line 8)	\$ _____	\$ _____
F. Liabilities (Section V, Line 6)	\$ _____	\$ _____
G. Net Asset Value (E – F = G)	\$ _____	\$ _____

Line D must equal Line G; however, if it does not, attach a reasonably detailed analysis and statement of the reasons for such imbalance, and a reasonably detailed listing of the correcting entries necessary to balance such report, such as unrealized gains or losses on assets of the estate. (Please explain why Line D does not equal Line G. For instance, if an asset has increased in value but was not sold, or an asset has decreased in value, it may cause the figures to differ.)

Date: _____

Conservator's Signature

STATE OF IDAHO)
) ss.
County of _____)

_____, being duly sworn, states as follows:

That (s)he is the conservator in the foregoing action; that (s)he has read the Inventory/Accounting, and the facts therein stated are true to the best of his(her) knowledge.

SUBSCRIBED AND SWORN before me on this _____ day of _____

Notary Public for Idaho
Residing at _____
Commission expires _____

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

☐ protected person

☐ protected person's attorney or guardian
ad litem (if currently representing protected
person):

☐ parent or guardian with whom
protected person resides (if any):

☐ protected person's guardian
(if a separate guardian has been appointed):

☐ the following person(s) designated by
court order:

☐ other:

☐ By mail

☐ By fax (number) _____

☐ By personal delivery

☐ Overnight delivery/Fed Ex

Typed/printed name

Conservator's Signature